

DEBTOR NAME

(IF YOU ARE FILING ALONE, YOU ARE THE DEBTOR. IF YOU ARE FILING WITH A SPOUSE, LIST THE HUSBAND FIRST AND LIST WIFE AS JOINT DEBTOR BELOW)

FULL NAME: _____

OTHER NAMES USED WITHIN LAST 8 YEARS (including business names) Identify if a business is still operational (dba) or formerly doing business as (fdb)

SOCIAL SECURITY NO.: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE): _____

Bankruptcies filed during the last 8 years:

City/State Where Filed: _____

Case No.: _____ Was it Chapter 7 or 13 _____

Date Filed: _____ Discharged or Dismissed: Circle one

JOINT DEBTOR NAME

(Wife's information if husband and wife are filing jointly)

FULL NAME: _____

OTHER NAMES USED WITHIN LAST 8 YEARS (maiden name, former married name, business name, Identify if a business is still operational (dba) or formerly doing business as (fdb)

SOCIAL SECURITY NO.: _____

STREET ADDRESS (if different than husband): _____

CITY, STATE, ZIP: _____

MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE): _____

Bankruptcies filed during the last 8 years (list if other than listed above):

City/State Where Filed: _____ Case No.: _____

Date Filed: _____ Chapter 7 or 13 _____ Discharged or Dismissed

PROPERTY/ASSETS

Exemptions: FOR ATTORNEY USE ONLY 703_____ 704_____ SP WAIVER _____

List Address of all real property that you own
Specify type of real property listed above (residence, rental, vacant lot, mobile home):

Property No. 1 _____ Value
Property No. 2 _____

Cash (\$ in your possession, not on deposit in a bank account)
Bank Accounts: (List name of bank, type of account, and amount on deposit)

_____ checking or savings (circle one)
_____ checking or savings (circle one)
_____ checking or savings (circle one)
_____ checking or savings (circle one)

Security Deposits (Rental, Utility, etc.) _____

ESTIMATE SWAP MEET/GARAGE SALE VALUE FOR HOUSEHOLD GOODS, BOOKS, AND WEARING APPAREL. DO NOT USE REPLACEMENT VALUE.

ASSET VALUE
Household Goods & Furniture _____
(including computer equipment, unless used for business)
Books, Art, Collections _____
Wearing Apparel _____
Jewelry _____
Firearms and sports, photographic, hobby equipment _____
Cash Value in Insurance Policies _____
(amount you can borrow against a policy)
Annuities _____

Retirement, pension or profit sharing plans (husband)
Bank or Institution holding account: _____
Type (Circle One) IRA, 401K, PERS, TSP, OTHER _____

Retirement, pension or profit sharing plans (wife)
Bank or Institution holding account: _____
Type (Circle One) IRA, 401K, PERS, TSP, OTHER _____

ASSET

VALUE

Other Personal Property of any kind not already listed _____

THE FOLLOWING ARE SOME QUESTIONS THAT WILL BE ASKED OF YOU IN COURT. BE SURE TO ANSWER THEM TRUTHFULLY.

Have you charged more than \$500.00 on any one credit card in the last 3 months? Have you taken more than \$750.00 in cash advances on any one credit card in the last 2 months? If no, check here: _____ If yes, list below:

Credit Card

Cash Advances Date

Purchase Dates

Have you charged more than \$5,000.00 to any one creditor in the last 12 months? Yes No If yes, identify creditor: _____

Do you owe money to any creditor with whom you have a checking or savings account? If so, identify creditor: _____.

IT IS GENERALLY OUR RECOMMENDATION THAT YOU CLOSE THIS ACCOUNT PRIOR TO FILING TO AVOID POTENTIAL SETOFFS.

Do you have any rights to sue any person or entity? No _____ If yes:

Name of person: _____ Amount of Suit: \$ _____

Type of lawsuit: _____ Has suit been filed? _____

Are you entitled to receive a death benefit under a will or insurance policy for someone who has died? Yes _____ No _____

Are you the beneficiary, trustee or trustor of a trust? Yes _____ No _____

Do you now or have you had in the past year any interest in offshore accounts, i.e., accounts outside the borders of the United States? Yes _____ No _____

Have you refinanced any property within the last two years? Yes _____ No _____

Have you ever had an insurance claim denied? Yes _____ No _____

Have you transferred or sold any property to any third party in the last four years in which you did not receive full value for the asset transferred? Yes _____ No _____

SECURED DEBTS

MORTGAGE - IF YOU DON'T OWN REAL PROPERTY, SKIP THIS PAGE.

Is there a Cal Vet loan on this property? _____ a V.A. loan? _____

Is there any other government agency loan on your property? _____

Notice of Default filed? _____ Date filed _____ foreclosure sale date _____

Is it your intention to keep this property? YES NO (CIRCLE ONE)

PROPERTY NO.1: ADDRESS _____

1st Mortgage on Property No.1: When did you originally buy this property? _____

Creditor Name/Address/Acct # _____ Foreclosure Co./Collection Agent: _____

1. _____

_____ Loan Date: _____ Monthly payment _____

Fair Market Value: _____ Balance on Loan _____

Date of Last payment: _____ Total Amount Behind: _____

Co-debtor (Name & Address): _____

Are your Property Taxes Impounded? _____ Annual Taxes Due: _____

Delinquent Property taxes: Amount: _____ Tax Year(s): _____

2nd Mortgage on Property No.1:

Creditor Name/Address/Acct # _____ Foreclosure Co./Collection Agent: _____

2. _____

_____ Loan Date: _____ Monthly payment _____

Fair Market Value: _____ Balance on Loan _____

Date of Last payment: _____ Total Amount Behind: _____

Co-debtor (Name & Address): _____

3rd TD on Mortgage on Property No.1:

Creditor Name/Address/Acct # _____ Foreclosure Co./Collection Agent: _____

3. _____

_____ Loan Date: _____ Monthly payment _____

Fair Market Value: _____ Balance on Loan _____

Date of Last payment: _____ Total Amount Behind: _____

Co-debtor (Name & Address): _____

4. HOA NAME AND ADDRESS PROPERTY NO. 1

Collection Agent:

Monthly payment: _____

Delinquent Amount: _____

IF YOU OWN OTHER REAL ESTATE, KEEP GOING, IF NOT, GO TO PAGE 10.

PROPERTY NO. 2

Is there a Cal Vet loan on this property? _____ a V.A. loan? _____

Is there any other government agency loan on your property? _____

Notice of Default filed? _____ Date filed _____ foreclosure sale date _____

Is it your intention to keep this property? YES NO (CIRCLE ONE) _____

PROPERTY NO.2: ADDRESS _____

1st Mortgage on Property No.2: When did you originally buy this property? _____

Creditor Name/Address/Acct #

Foreclosure Co./Collection Agent:

5. _____

_____ Loan Date: _____ Monthly payment _____

Fair Market Value: _____ Balance on Loan _____

Date of Last payment: _____ Total Amount Behind: _____

Co-debtor (Name & Address): _____

Are your Property Taxes Impounded? _____ Annual Taxes Due: _____

Delinquent Property taxes: Amount: _____ Tax Year(s): _____

2nd Mortgage on Property No.2:

Creditor Name/Address/Acct #

Foreclosure Co./Collection Agent:

6. _____

_____ Loan Date: _____ Monthly payment _____

Fair Market Value: _____ Balance on Loan _____

Date of Last payment: _____ Total Amount Behind: _____

Co-debtor (Name & Address): _____

3rd TD on Mortgage on Property No.2:

Creditor Name/Address/Acct # _____ Foreclosure Co./Collection Agent: _____

7. _____

_____ Loan Date: _____ Monthly payment _____

Fair Market Value: _____ Balance on Loan _____

Date of Last payment: _____ Total Amount Behind: _____

Co-debtor (Name & Address): _____

8. HOA NAME AND ADDRESS PROPERTY NO. 1 _____ Collection Agent: _____

Monthly payment: _____ Delinquent Amount: _____

PROPERTY NO. 3

Is there a Cal Vet loan on this property? _____ a V.A. loan? _____

Is there any other government agency loan on your property? _____

Notice of Default filed? _____ Date filed _____ foreclosure sale date _____

Is it your intention to keep this property? YES NO (CIRCLE ONE) _____

PROPERTY NO.3: ADDRESS _____

1st Mortgage on Property No.3: When did you originally buy this property? _____

Creditor Name/Address/Acct # _____ Foreclosure Co./Collection Agent: _____

9. _____

_____ Loan Date: _____ Monthly payment _____

Fair Market Value: _____ Balance on Loan _____

Date of Last payment: _____ Total Amount Behind: _____

Co-debtor (Name & Address): _____

Are your Property Taxes Impounded? _____ Annual Taxes Due: _____

Delinquent Property taxes: Amount: _____ Tax Year(s): _____

CONTINUE ON BACK OF PAGE, IF MORE ROOM FOR MORTGAGES IS NEEDED.

VEHICLE LOANS/LEASES

VEHICLE NO. 1: Year/Make of Vehicle: _____

Creditor Name/Address/Acct # Creditor's Rep: (Attorney or Coll. Agency)

1. _____ Name: _____
_____ Address: _____
_____ DO YOU WANT TO KEEP THIS VEHICLE? _____

Market Value: _____ Balance of Loan: _____
Loan or lease? _____ Monthly payment: \$ _____
Date of loan/lease _____ # of payments left: _____
Amount of Missed Payments: _____ Is there a co-signor on this loan?
If yes, Name & Address): _____

VEHICLE NO. 2: Year/Make of Vehicle: _____

Creditor Name/Address/Acct # Creditor's Rep: (Attorney or Coll. Agency)

2. _____ Name: _____
_____ Address: _____
_____ DO YOU WANT TO KEEP THIS VEHICLE? _____

Market Value: _____ Balance of Loan: _____
Loan or lease? _____ Monthly payment: \$ _____
Date of loan/lease _____ # of payments left: _____
Amount of Missed Payments: _____ Is there a co-signor on this loan?
If yes, Name & Address): _____

VEHICLE NO. 3: Year/Make of Vehicle: _____

Creditor Name/Address/Acct # Creditor's Rep: (Attorney or Coll. Agency)

4. _____ Name: _____
_____ Address: _____
_____ DO YOU WANT TO KEEP THIS VEHICLE? _____

Market Value: _____ Balance of Loan: _____

Loan or lease? _____ Monthly payment: \$ _____

Date of loan/lease _____ # of payments left: _____

Amount of Missed Payments: _____ Is there a co-signor on this loan?

If yes, Name & Address): _____

VEHICLE NO. 4: Year/Make of Vehicle: _____

Creditor Name/Address/Acct # Creditor's Rep: (Attorney or Coll. Agency)

4. _____ Name: _____
_____ Address: _____
_____ DO YOU WANT TO KEEP THIS VEHICLE? _____

Market Value: _____ Balance of Loan: _____

Loan or lease? _____ Monthly payment: \$ _____

Date of loan/lease _____ # of payments left: _____

Amount of Missed Payments: _____ Is there a co-signor on this loan?

If yes, Name & Address): _____

OTHER SECURED DEBTS

SOME EXAMPLES OF SECURED DEBTS ARE FURNITURE, TOOLS, APPLIANCES, STEREOS, JEWELRY, ETC.)

Creditor Name/Address/Acct # _____ Creditor's Rep: (Attorney or Coll. Agency)

1. _____ Name: _____
 _____ Address: _____
 _____ DO YOU WANT TO KEEP THIS MERCHANDISE? _____

Descrip. of Property: _____ Fair Market Value: _____

Date of purchase: _____ Amount of Debt: _____ Monthly pmt: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct # _____ Creditor's Rep: (Attorney or Coll. Agency)

2. _____ Name: _____
 _____ Address: _____
 _____ DO YOU WANT TO KEEP THIS MERCHANDISE? _____

Descrip. of Property: _____ Fair Market Value: _____

Date of purchase: _____ Amount of Debt: _____ Monthly pmt: _____

Co-debtor (Name & Address): _____

CHILD SUPPORT OBLIGATIONS (Fill out even if you are current):

Are you obligated to pay child support or spousal support pursuant to a court order, property settlement agreement or other government unit?

AGENCY COLLECTING ON BEHALF OF (NAME OF CHILD): _____

_____ Child's or custodial parent's address:

Case No. _____

Amount of Delinquency, if any: _____

Does your child support payment come out of your paycheck? Yes No (Circle One)

CHILD SUPPORT: CHILD SUPPORT IS NEVER DISCHARGEABLE. CURRENT SUPPORT MAY CONTINUE TO BE LEVIED FROM YOUR PAY. DELINQUENT SUPPORT MUST BE PAID AS A PRIORITY DEBT.

Please initial that you have read and understood above: _____

INCOME & EMPLOYER TAXES OWED

FEDERAL TAXES:

INTERNAL REVENUE SERVICE:

Income tax: For Tax year(s) _____ \$ _____

It is a requirement that all tax returns be filed. If the returns were filed, when? _____

If the returns have not been filed, when do you expect for them to be filed? _____

Employer taxes: For Tax year(s) _____ \$ _____

STATE TAXES:

CALIFORNIA FRANCHISE TAX BOARD:

Income tax: For Tax year(s) _____ \$ _____

It is a requirement that all tax returns be filed. If the returns were filed, when? _____

If the returns have not been filed, when do you expect for them to be filed? _____

Employer tax: \$ _____ Tax year(s) _____

Employer taxes: For Tax year(s) _____ \$ _____

EDD: For Tax year(s) _____ \$ _____

Board of Equalization: For Tax year(s) _____ \$ _____

TAXES OWING TO ANY OTHER STATE:

| <u>Name/Address</u> | <u>Type of Tax</u> | <u>Tax Year (s)</u> | <u>Amount</u> |
|---------------------|--------------------|---------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Attorney notes RE tax dischargeability: _____

TAXES: ALL TAXES MUST BE LISTED IN YOUR BANKRUPTCY; HOWEVER, UNLESS THEY ARE SPECIFICALLY IDENTIFIED BY THE ATTORNEY AS DISCHARGEABLE, YOU WILL REMAIN RESPONSIBLE FOR YOUR TAXES. PLEASE DISCUSS ANY TAX QUESTIONS WITH THE ATTORNEY.

IMPORTANT NOTE: Please initial that you have read and understood above: _____

LAWSUITS

LIST ALL LAWSUITS IN WHICH A JUDGMENT HAS BEEN OBTAINED AGAINST YOU OR IN WHICH A JUDGMENT AGAINST YOU COULD RESULT.

1. Case Title: _____ V. _____ Case Number: _____

Name of Creditor (Suing Party): _____

Address of Creditor or Representative (Attorney for Suing Party):

Amount of Suit: \$ _____ Date _____

Is there a Judgment? _____ Was an Abstract Recorded? _____

2. Case Title: _____ V. _____ Case Number: _____

Name of Creditor (Suing Party): _____

Address of Creditor or Representative (Attorney for Suing Party):

Amount of Suit: \$ _____ Date _____

Is there a Judgment? _____ Was an Abstract Recorded? _____

3. Case Title: _____ V. _____ Case Number: _____

Name of Creditor (Suing Party): _____

Address of Creditor or Representative (Attorney for Suing Party):

Amount of Suit: \$ _____ Date _____

Is there a Judgment? _____ Was an Abstract Recorded? _____

STUDENT LOANS

STUDENT LOANS - YOURS OR IF YOU HAVE COSIGNED FOR SOMEONE ELSE'S - LIST THEM BELOW:

Creditor Name/Address/Acct#

Collection Agent/Attorney Name & Address

1. _____

Date of Loan: _____ Amount of Debt: _____ Deferred? _____

Co-signor name and address: _____

Creditor Name/Address/Acct#

Collection Agent/Attorney Name & Address

2. _____

Date of Loan: _____ Amount of Debt: _____ Deferred? _____

Co-signor name and address: _____

Creditor Name/Address/Acct#

Collection Agent/Attorney Name & Address

3. _____

Date of Loan: _____ Amount of Debt: _____ Deferred? _____

Co-signor name and address: _____

FEDERALLY INSURED STUDENT LOANS ARE NOT DISCHARGEABLE. THEY MUST BE LISTED IN YOUR BANKRUPTCY, BUT IT IS YOUR RESPONSIBILITY TO MAKE PAYMENT ARRANGEMENTS AT THE CONCLUSION OF YOUR BANKRUPTCY. IF YOU ARE FILING A CHAPTER 13, PLEASE BE AWARE THAT THERE MAY BE A BALANCE FOR INTEREST REMAINING ON YOUR STUDENT LOAN AT THE CONCLUSION OF YOUR CASE.

IMPORTANT NOTE: Please initial that you have read and understood above: _____

UNSECURED DEBTS

LIST ALL UNSECURED DEBTS, INCLUDING CREDIT CARDS, PERSONAL LOANS, MEDICAL BILLS, NSF CHECKS, NON-CURRENT PHONE AND UTILITY BILLS. DO NOT LIST YOUR LAST STATEMENT DATE WHERE WE ASK FOR "DATE." PLEASE INDICATE THE DATE OF A LOAN OR ONE-TIME PURCHASE, OR ESTIMATE THE TIME PERIOD IN WHICH YOU CHARGED THE BALANCE YOU NOW OWE ON AN ACCOUNT OR WHEN THE ACCOUNT LAST HAD A ZERO BALANCE. IDENTIFY IF THIS IS A BALANCE TRANSFER.

| | |
|------------------------------|---|
| Creditor Name/Address/Acct # | Collection Agent/Attorney: Name/Address |
| 1. _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Amount of Debt: \$ _____ | |

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

| | |
|------------------------------|---|
| Creditor Name/Address/Acct # | Collection Agent/Attorney: Name/Address |
| 2. _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Amount of Debt: \$ _____ | |

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other: _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

| | |
|------------------------------|---|
| Creditor Name/Address/Acct # | Collection Agent/Attorney: Name/Address |
| 3. _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Amount of Debt: \$ _____ | |

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney: Name/Address

4. _____

Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney: Name/Address

5. _____

Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other: _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney: Name/Address

6. _____

Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney: Name/Address

7. _____

Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney: Name/Address

12 _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney: Name/Address

13 _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney: Name/Address

14 _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney: Name/Address

15 _____

 _____ Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney: Name/Address

16 _____

Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney: Name/Address

17 _____

Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney: Name/Address

18 _____

Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

Creditor Name/Address/Acct #

Collection Agent/Attorney: Name/Address

19 _____

Amount of Debt: \$ _____

Circle: Credit Card, medical/dental, loan, NSF, utility, phone, payday loan, other _____

Year balance was last "Zero": _____ Year last used: _____

Co-debtor (Name & Address): _____

IF YOU HAVE MORE CREDITORS, ATTACH EXTRA PAGES WITH THE SAME INFORMATION.

MONTHLY INCOME

Marital Status:

Single _____ Married _____ Separated _____ Widowed _____ Divorced (MO/YR final) _____

Debtor (or single debtor)

Spouse

Name of Employer: _____

Employer's Address: _____

Occupation: _____

How Long Employed: _____

DEPENDENTS:

Relationship
(son/daughter/parent)

Age

Relationship
(son/daughter/parent)

Age

1 _____

3 _____

2 _____

4 _____

How many of the dependants listed above do you claim on your tax return? _____

| | | | |
|-------------------------------------|---|----------------------------------|----------------------------------|
| | | <u>Debtor</u> | <u>Spouse</u> |
| How often are you paid? (check one) | Weekly Every 2 Weeks 2/Month Monthly | _____ _____ _____ _____ | _____ _____ _____ _____ |

Gross paycheck per pay period: _____

PAYROLL DEDUCTIONS PER CHECK

| | | |
|---------------------------------------|-------|-------|
| Taxes and Social Security | _____ | _____ |
| Insurance (Medical/dental) | _____ | _____ |
| Union Dues | _____ | _____ |
| Current Child Support <u>Deducted</u> | _____ | _____ |
| Retirement | _____ | _____ |
| Loan Repayment | _____ | _____ |
| Other (Describe): _____ | _____ | _____ |
| Take Home Pay <u>Per Pay Period</u> : | _____ | _____ |
| Take Home Pay <u>Per Month</u> : | _____ | _____ |

ADDITIONAL INCOME

| | Debtor | Spouse |
|---|--------|--------|
| Self-Employment Income (monthly avg) | _____ | _____ |
| Child Support/Alimony <u>Received</u> : | _____ | _____ |
| SS Retirement: | _____ | _____ |
| SS Disability: | _____ | _____ |
| VA Disability: | _____ | _____ |
| Other Retirement from: _____ | _____ | _____ |
| Unemployment/WC | _____ | _____ |
| PT/Second Job: | _____ | _____ |
| Rental Income (from rental property) | _____ | _____ |
| Household Contribution (Roommate) | _____ | _____ |
| MONTHLY TOTALS: | _____ | _____ |

FOR ATTORNEY ONLY:

| | |
|------------------------------|-------|
| Combined Monthly Net Income: | _____ |
| Less Expenses: | _____ |
| Net Disposable Income: | _____ |

PLEASE IDENTIFY ANY UNUSUAL DEDUCTIONS FROM YOUR PAYCHECKS. THIS WILL HELP US IN DETERMINING WHICH DEDUCTIONS CAN BE USED TO ACCURATELY CALCULATE YOUR INCOME. _____

ARE YOU EXPECTING YOUR INCOME TO CHANGE IN THE IMMEDIATE FUTURE?

EXPLAIN

ESTIMATED MONTHLY EXPENSES (Do not include credit card debts)

Mortgage 1st TD: _____
2nd TD: _____
OR
Rent _____

If you are giving up your property, estimate future rent _____

Are your real estate taxes included in your mortgage payment? _____ No _____ Yes
Is your homeowner's insurance paid in your mortgage payment? _____ No _____ Yes

Electricity & Heating Fuel _____

Water/Sewer _____

Phone (Land line) _____

Cable TV (indicate if combined with phone and/or internet) _____

Other Utilities you pay individually cell_____,
trash_____, internet_____, satellite_____

Home Maintenance:
HOA fees, if applicable_____ pool/yard service _____

Food _____

Clothing _____

Laundry & Cleaning _____

Medical/Dental/Drug expenses not covered by insurance _____

Transportation (gas, DMV, repairs) _____

Recreation, clubs, newspaper, magazines, gym membership) _____

Religious/Charitable Contributions _____

Renter's or Homeowner's insurance (if not in mortgage) _____

Life insurance(if not deducted from pay) _____

Health insurance(if not deducted from pay) _____

Auto Insurance _____

Other Insurance not deducted from pay
Specify type (dental, liability, add'l health) _____

Taxes:(income tax if self-employed; property tax
if not included in mortgage) _____

Auto Installment Payments _____

Other Installments: _____

student loans _____

reaffirmations _____

MONTHLY EXPENSES CONTINUED

Alimony and/or support (If not levied from pay) _____

Payment to dependents not living at home
(child in college, elderly parent) _____

Child Care: _____

Suggested possible miscellaneous expenses

pet expenses (number and type of pet) _____

haircuts, postage, parking _____

children's activities, allowances _____

work-related expenses (DO NOT LIST BUSINESS EXPENSES
THAT ARE ON YOUR P&L) _____

uniforms required by your work _____

rental property expenses: (mortgage, property taxes) _____

TOTAL EXPENSES: _____

STATEMENT OF FINANCIAL AFFAIRS - DON'T STOP NOW! KEEP GOING!

1. STATE GROSS AMOUNT OF INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS IF SELF-EMPLOYED:

| | <u>HUSBAND</u> (or single client) | <u>SPOUSE</u> |
|---------------|--------------------------------------|-----------------------------|
| Year to Date: | _____ | _____ |
| Last Year: | _____ | _____ |
| Year Before: | _____ | _____ |
| Source: | Employment/Self Employment) | Employment/Self Employment) |

2. OTHER INCOME: STATE AMOUNT OF INCOME RECEIVED OTHER THAN EMPLOYMENT:
(SSI; unemployment; disability; support; retirement) Identify source below

| | <u>HUSBAND</u> (or single client) | <u>SPOUSE</u> |
|---------------|--------------------------------------|---------------|
| Year to Date: | _____ | _____ |
| Last Year: | _____ | _____ |
| Year Before: | _____ | _____ |
| Source: | _____ | _____ |

3a. LIST ALL PAYMENTS OVER \$600.00 MADE TO ANY CREDITOR WITHIN PAST 90 DAYS OTHER THAN MORTGAGES OR AUTO LOANS.

Creditor: _____

Address: _____

Amount Paid: _____

Payment Dates: _____

Amount Owning: _____

b. LIST ALL PAYMENTS WITHIN PAST YEAR TO CREDITORS WHO ARE RELATIVES OR BUSINESS ASSOCIATES

Creditor: _____ Relationship: _____

Address: _____

Amount Paid: _____

Payment Dates: _____

Amount Still Owning: _____

4a. LIST ALL LAWSUITS WHICH DEBTOR IS OR WAS A PARTY WITHIN PAST YEAR (INCLUDING DIVORCE)

(a) Case Title: _____
Case Number: _____
Court Location: SMALL CLAIMS; FAMILY; SUPERIOR CT; ARBITRATION
(CIRCLE ONE) SAN DIEGO; EL CAJON; SOUTH BAY; NORTH COUNTY; OTHER
Type of Case: CIVIL SUIT FOR \$; DIVORCE; SUPPORT; WORKERS COMP; UD
Suit Status: PENDING; JUDGMENT RENDERED

(b) Case Title: _____
Case Number: _____
Court Location: SMALL CLAIMS; FAMILY; SUPERIOR CT; ARBITRATION
(CIRCLE ONE) SAN DIEGO; EL CAJON; SOUTH BAY; NORTH COUNTY; OTHER
Type of Case: CIVIL SUIT FOR \$; DIVORCE; SUPPORT; WORKERS COMP; UD
Suit Status: PENDING; JUDGMENT RENDERED

b. DESCRIBE ALL PROPERTY THAT HAS BEEN ATTACHED, GARNISHED OR SEIZED WITHIN PAST YEAR

Creditor: _____
Address: _____
Seizure Date: _____
Property Description: WAGES; BANK ACCOUNT; OTHER
Value: _____

5. LIST ALL PROPERTY THAT HAS BEEN REPOSSESSED, SOLD AT A FORECLOSURE SALE, OR RETURNED TO THE SELLER WITHIN THE PAST YEAR

1. Creditor/Seller: _____
Address: _____
Property Description: _____
Value: _____ Date: _____
2. Creditor/Seller: _____
Address: _____
Property Description: _____
Value: _____ Date: _____

6a. HAVE YOU "GIVEN" ANY OF YOUR PROPERTY TO ANY CREDITOR IN THE PAST 120 DAYS?

Assignee: _____
Address: _____
Date: _____ Terms: _____

b. LIST ALL PROPERTY IN HANDS OF ANY RECEIVER OR COURT-APPOINTED OFFICIAL WITHIN THE PAST YEAR

Receiver/Official: _____

Address: _____ Court: _____

Case Title: _____ Case No: _____

Date of Order: _____

Property Description: _____ Value: _____

7. LIST ALL CASH OR CHARITABLE CONTRIBUTIONS OVER \$200.00 MADE WITHIN PAST YEAR
(not regular Xmas/Birthday Gifts)

Recipient: _____ Address: _____

Relationship to Debtor: _____ Date of gift: _____

Description: _____ Value: _____

8. LIST ALL LOSSES FROM FIRE, THEFT OR GAMBLING WITHIN THE PAST YEAR

Property: _____ Value: _____

Circumstances: _____

Insurance Coverage? _____ Date of loss: _____

9. PAYMENTS MADE TO ANY ATTORNEY (OTHER THAN LOCKHART & BRITTON) FOR DEBT CONSULTATION WITHIN THE LAST YEAR:

Name: _____

Address: _____

Date of Payment: _____ Amount: _____

10a. LIST ANY PROPERTY SOLD OR TRANSFERRED WITHIN THE PAST TWO YEARS

1) Transferred to Name and Address: _____

Relationship to Debtor: _____ Date Sold: _____

Property Description: _____ Sale Price: _____

Net Proceeds: _____

2) Transferred to Name and Address: _____

Relationship to Debtor: _____ Date Sold: _____

Property Description: _____ Sale Price: _____

Net Proceeds: _____

10b. DO YOU HAVE A FAMILY TRUST? YES NO (CIRCLE ONE)

Are you a beneficiary of this trust? Yes No

Have you transferred property into that trust in the last 10 years? Yes No

1. Date of transfer: _____

Property Description: _____ Value: _____

2. Date of transfer: _____

Property Description: _____ Value: _____

11. LIST ALL BANK OR OTHER FINANCIAL ACCOUNTS CLOSED WITHIN THE PAST YEAR

1. Bank/Credit Union: _____ Branch: _____

Type of Account: _____ Final Balance: _____ Date Closed: _____

2. Bank/Credit Union: _____ Branch: _____

Type of Account: _____ Final Balance: _____ Date Closed: _____

12. LIST ANY SAFE DEPOSIT BOXES YOU HAVE OR HAD WITHIN THE PAST YEAR

Institution: _____ Branch: _____

Access: Debtor; Spouse; Other: _____ Still open? _____

Contents (Describe if other than documents): _____

13. LIST SETOFFS WITHIN THE PAST 90 DAYS. HAS ANY CREDITOR OR TAXING AGENCY TAKEN MONEY FROM YOUR ACCOUNT WITHOUT A COURT ORDER?

Creditor: _____ Address: _____

Setoff Date: _____ Amount: _____

14. LIST PROPERTY OWNED BY ANOTHER PERSON THAT IS IN POSSESSION OF DEBTOR (i.e. are you using someone else's car, storing someone's property)

Owner: _____ Address: _____

Property Description: _____ Value: _____

Location of property if not at Debtor's residence: _____

15. LIST YOUR PRIOR ADDRESSES FOR THE PAST THREE YEARS.

Address: _____

Name(s) On lease or loan if other than Debtor and/or spouse _____

Dates you lived here: _____

Address: _____

Name(s) On lease or loan if other than Debtor and/or spouse _____

Dates you lived here: _____

Address: _____

Name(s) On lease or loan if other than Debtor and/or spouse _____

Dates you lived here: _____

16. NAME OF ALL SPOUSES WITHIN THE LAST 8 YEARS. (DO NOT LIST SPOUSE FILING WITH YOU)

IF YOU HAVE BEEN SELF-EMPLOYED OR HAVE HAD A BUSINESS NAME IN THE LAST 8 YEARS:

1. Business Name: _____

Location if other than residence: _____

Type of Business: _____ Date Business started/ended: _____

Any other owners or operators of this business? _____

SS# or IRS Tax ID# _____ State ID # _____

Name & Address of Bookkeeper or Accountant: _____

Any records unavailable? _____

2. Business Name: _____

Location if other than residence: _____

Type of Business: _____ Date Business started/ended: _____

Any other owners or operators of this business? _____

SS# or IRS Tax ID# _____ State ID # _____

Name & Address of Bookkeeper or Accountant: _____

Any records unavailable? _____

ENVIRONMENTAL INFORMATION. For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environment Law.

a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice and, if known, the Environmental Law.

| <u>Site Name and Address</u> | <u>Governmental Unit</u> | <u>Date</u> | <u>Law</u> |
|------------------------------|--------------------------|-------------|------------|
|------------------------------|--------------------------|-------------|------------|

b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material.

| <u>Site Name and Address</u> | <u>Governmental Unit</u> | <u>Date</u> | <u>Law</u> |
|------------------------------|--------------------------|-------------|------------|
|------------------------------|--------------------------|-------------|------------|

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which you are or were a party.

| <u>Government Unit</u> | <u>Docket Number</u> | <u>Status/Disposition</u> |
|------------------------|----------------------|---------------------------|
|------------------------|----------------------|---------------------------|

LIST ALL FIRMS OR INDIVIDUALS WHO HAVE AUDITED BOOKS AND RECORDS OF DEBTOR OR HAS PREPARED A FINANCIAL STATEMENT OF THE DEBTOR

Name: _____ Address: _____

Dates: _____

LIST ALL FIRMS OR INDIVIDUALS WHO ARE IN POSSESSION OF BOOKS OF ACCOUNT OF DEBTOR. IF BOOKS ARE UNAVAILABLE, EXPLAIN

Name: _____ Address: _____

Unavailable Records: _____

LIST ALL FINANCIAL INSTITUTIONS, CREDITORS, AND OTHER PARTIES TO WHOM A FINANCIAL STATEMENT WAS ISSUED WITHIN THE PAST TWO YEARS

Name: _____ Address: _____

Date Statement Issued: _____

LIST THE DATES OF THE LAST TWO INVENTORIES TAKEN OF YOUR PROPERTY, THE NAME OF THE PERSON WHO SUPERVISED THE TAKING OF EACH INVENTORY, AND THE DOLLAR AMOUNT AND BASIS OF EACH INVENTORY

Last Inventory Date: _____ Prior Inventory Date: _____

Supervisor: _____ Supervisor: _____

Inventory Value: _____ Inventory Value: _____

Valuation Basis: _____ Valuation Basis: _____

LIST THE NAME AND ADDRESS OF THE PERSON HAVING POSSESSION OF THE RECORDS OF EACH OF THE LAST TWO INVENTORIES REPORTED ABOVE.

Last Inventory Date: _____ Prior Inventory Date: _____

Custodian of Records: _____ Custodian of Records: _____

IF THE DEBTOR IS A PARTNERSHIP, LIST THE NATURE AND PERCENTAGE OF PARTNERSHIP INTEREST OF EACH MEMBER OF THE PARTNERSHIP

Partner: _____

Address: _____

Nature of Interest: _____

Percentage Ownership: _____

IF THE DEBTOR IS A CORPORATION, LIST ALL OFFICERS AND DIRECTORS OF THE CORPORATION, AND EACH STOCKHOLDER WHO DIRECTLY OR INDIRECTLY OWNS, CONTROLS, OR HOLDS 5 PERCENT OR MORE OF THE VOTING SECURITIES OF THE CORPORATION

Name: _____

Address: _____

Title: _____

Percentage Ownership: _____

IF THE DEBTOR IS A PARTNERSHIP, LIST EACH MEMBER WHO WITHDREW FROM THE PARTNERSHIP WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE

Name: _____

Address: _____

Withdrawal Date: _____

IF THE DEBTOR IS A CORPORATION, LIST ALL OFFICERS OR DIRECTORS WHOSE RELATIONSHIP WITH THE CORPORATION TERMINATED WITHIN ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE

Name: _____

Address: _____

Title: _____

Termination Date: _____

IF THE DEBTOR IS A PARTNERSHIP OR CORPORATION, LIST ALL WITHDRAWALS OR DISTRIBUTIONS CREDITED OR GIVEN TO AN INSIDER, INCLUDING COMPENSATION IN ANY FORM, BONUSES, LOANS, STOCK REDEMPTIONS, OPTIONS EXERCISED AND ANY OTHER PERQUISITE DURING ONE YEAR IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE

Insider's Name: _____

Address: _____

Relationship to Debtor: _____ Purpose of Withdrawal: _____

Date: _____ Amount: _____

TO BE COMPLETED BY ATTORNEY

CHAPTER 13 PLAN

1. PLAN: _____ per month; _____% or a pr-rata share of \$ _____, whichever is greater, plus _____% A.P.R. to unsecured creditors.

3. Paragraph 3 Administrative Claims: Attorney fees paid at rate of \$ _____ per month prior to other claims.

4. Paragraph 4 (Specified leases, personal property) elect to assume existing lease.

A - regular lease payments:

| <u>Creditor</u> | <u>Current thru</u> | <u>Monthly Installment</u> |
|-----------------|---------------------|----------------------------|
|-----------------|---------------------|----------------------------|

B - lease arrears:

| <u>Creditor</u> | <u>Regular monthly</u> | <u>Estimated Arrears</u> | <u>Installment</u> |
|-----------------|------------------------|--------------------------|--------------------|
|-----------------|------------------------|--------------------------|--------------------|

5. Paragraph 5 (Specific Secured Claims; personal property) CAR LOAN OVER 910 DAYS

| <u>Creditor</u> | <u>FMV</u> | <u>Installment</u> | <u>% Interest</u> |
|-----------------|------------|--------------------|-------------------|
|-----------------|------------|--------------------|-------------------|

6. Paragraph 6 (Specified Secured Claims, PMS interest in vehicles purchased within 910 days of filing or other secured debt within one year of filing.

| <u>Creditor</u> | <u>ESTIMATED CLAIM</u> | <u>Installment</u> | <u>% Interest</u> |
|-----------------|------------------------|--------------------|-------------------|
|-----------------|------------------------|--------------------|-------------------|

7. Paragraph 7 (Support claims)

Domestic Support - to be paid 100% plus 10% or other indicated below)

| <u>Creditor</u> | <u>Estimated Arrears</u> | <u>Installment</u> | <u>% Interest</u> |
|-----------------|--------------------------|--------------------|-------------------|
|-----------------|--------------------------|--------------------|-------------------|

Assigned Domestic Support - not to be paid in full.

| <u>Creditor</u> | <u>Estimated Claim</u> | <u>Installment</u> |
|-----------------|------------------------|--------------------|
|-----------------|------------------------|--------------------|

8. Paragraph 8 (Secured Co-Debtor Claims- 100% plus 12% or other indicated below)

CHAPTER 13 PLAN - 100% - 5 years

Atty Fee: \$ _____
Taxes: _____
Secured: _____
Interest: _____ *
RE Arrears: _____
Support: _____
"Undersecured": _____
Unsecured: _____

SUBTOTAL: _____
x 1.082

TOTAL: \$ _____

Divided by 60 months: \$ _____/mo.

Full Payment: _____

Partial Payment: _____

Plan:
100% _____ 25% _____
70% _____ 10% _____
50% _____ 0% _____

Interest at 7%:

INSTALLMENTS

| | |
|------------------|-----------------|
| 24 mos. - .04448 | 48 mos. - .1496 |
| 36 mos. - .11168 | 60 mos. - .188 |